

2004 Clean Watersheds Needs Survey
State Water Resources Control Board - Division of Financial Assistance
Wastewater Treatment and Recycling Facilities

Authority Name: _____
Authority Address: _____ RWQCB Region: _____
City: _____ State: _____ Zip: _____ - _____ County: _____
Contact Person: _____ Title: _____
Phone: _____ Fax: _____ E-mail: _____

Facility Name: _____ Interim Facility ☐
Facility Location Address (if different): _____
Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ " Datum: _____ Description: _____
Outfall Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ " Datum: _____
Congressional District #: _____ Watershed Name: _____ Watershed Number: _____
NPDES Permit # (if applicable): _____ NPDES Type: _____ WDR Order # (if applicable): _____

Discharge Method: Please use the categories and space provided to best explain your discharge method(s) – including apportioned flows (as a percentage), seasonal discharges (month X to month Y), recycled water, names of other facilities discharging to, etc.

Deep Well	_____
Discharge To Another Facility	_____
Discharge To Ground Water	_____
Evaporation	_____
Ocean Discharge	_____
Outfall To Surface Waters	_____
Overland Flow With Discharge	_____
Overland Flow, No Discharge	_____
Reuse: Groundwater Recharge	_____
Reuse: Indirect Potable	_____
Reuse: Industrial	_____
Reuse: Irrigation	_____
Reuse: Other Non-Potable	_____
Reuse: Potable	_____
Spray Irrigation	_____
Other	_____

Resident Population:	Present	Future	Year of Future Projection
- Receiving Collection	_____	_____	_____
- Individual Sewage Disposal System (ISDS)	_____	_____	_____
- <i>Not</i> Receiving Collection and <i>no</i> ISDS	_____	_____	_____
Non-Resident Population (Commuting or Tourist Population):			
- Receiving Collection	_____	_____	_____
- Individual Sewage Disposal System (ISDS)	_____	_____	_____
- <i>Not</i> Receiving Collection and <i>no</i> ISDS	_____	_____	_____

Proposed Facility Projects (Please circle all that apply):

a) No Change b) New c) Abandon d) Increase Capacity e) Increase Level of Treatment
f) Rehabilitation g) Replacement h) Process Improvement i) Instrumentation/Electrical/Lab

Flow (in million gallons per day)	Existing Flow	Present Design	Future Design
Average Annual Municipal Flow (mgd):	_____	_____	_____
Average Annual Industrial Flow (mgd):	_____	_____	_____
Average Annual Infiltration/Inflow (mgd):	_____	_____	_____
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Total Average Annual Flow (mgd):	_____	_____	_____
Capacity Peak (Daily) Wet Weather (mgd):	_____	_____	_____

Present Design Effluent (Circle One): Primary (BOD>45mg/l) Advanced Primary (BOD = 30-45mg/l)
Secondary (BOD = 20-30mg/l) Advanced I (BOD = 10-20 mg/l) Advanced II (BOD<10mg/l)

Future Design Effluent (Circle One): Primary (BOD>45mg/l) Advanced Primary (BOD = 30-45mg/l)
Secondary (BOD = 20-30mg/l) Advanced I (BOD = 10-20 mg/l) Advanced II (BOD<10mg/l)

Pollutant	Existing Influent	Existing Effluent	Present Design Influent	Present Design Effluent	Future Design Influent	Future Design Effluent
BOD ₅ (mg/L):	_____	_____	_____	_____	_____	_____
TSS (mg/L):	_____	_____	_____	_____	_____	_____
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Present Nutrient Removal:	Yes	No	Future Nutrient Removal: Yes No			

Project Information:

Please complete this section (make additional copies if you need) for each project with an existing water quality problem as of January 1, 2004. Each project must have documented engineer's project costs, which must be submitted with this survey.

Project Name: _____

Documentation Title: _____

Engineer's Project Cost: \$_____ Document Page Number(s): _____

Project Name: _____

Documentation Title: _____

Engineer's Project Cost: \$_____ Document Page Number(s): _____

Please identify any other systems by the name of the authority (treatment, collection, recycling, etc.) connected to your system that are operated independently of your facility, so we can better understand the complexity of your system: _____

If you have any questions, please contact:

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<http://www.swrcb.ca.gov/funding/2004CWNS/index.html>

Return completed survey form and supporting documentation to:

State Water Resources Control Board
Division of Financial Assistance – 2004 CWNS
P.O. Box 944212
Sacramento, CA 94244-2120